

CHAPTER 9 - SF 1080/1081: VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS

A. The SF-1080/1081 is used by other government agencies to request reimbursement from the Coast Guard.

1. Documentation should be organized and summarized, to provide a clear audit trail from the detail to the SF-1080/1081 or invoice submitted for reimbursement. These submittals will be reviewed by the NPFC staff for continuity and propriety. Incomplete submittals will be returned to sender for corrective action.

B. HOW TO COMPLETE SF-1080/1081/GENERAL INFORMATION:

1. **Voucher No:** Inserted by the agency submitting the SF-1080/1081.
2. **Schedule No:** Inserted by the agency submitting the SF-1080/1081.
3. **Department, establishment, bureau, or other receiving funds:** Federal agency submitting SF-1080/1081 (usually complete mailing address).
4. **Bill No:** Used by federal agencies to identify accompanied invoice number.
5. **Department, establishment, bureau, or office charged:** Address of CG-FOSC agency receiving reimbursement request.
6. **Paid By:** Leave blank.
7. **Order No:** Varies according to agency; numerical identifier for job (e.g. 0001, etc.).
8. **Date of Delivery:** Date work began and was completed.
9. **Articles or Services:** Brief explanation of how expenses were incurred; ensure Pollution Removal Funding Authorization Accounting String and Document Control Number are listed. Some agencies may choose to include their own in-house accounting information.
10. **Quantity:** Entry varies.
11. **Unit Price:** Entries depend on how specific work is identified; normally accompanied by an invoice and dailies to explain work specifics.
12. **Amount:** Exact dollar amount of reimbursement.
13. **Total:** Same as above.
14. **Remittance in payment hereof should be sent to:** Mailing address of agency submitting SF-1080/1081.

C. ACCOUNTING CLASSIFICATION - OFFICE RECEIVING FUNDS

1. This section is completed by agency submitting SF-1080/1081. There should be a name listed as a point of contact with a telephone number.

D. CERTIFICATE OF OFFICE CHARGED

1. This is to be completed by NPFC staff after the SF-1080/1081 and its attached documentation has been reviewed.

E. ACCOUNTING CLASSIFICATION - OFFICE CHARGED

1. This section is completed by NPFC staff.

Standard Form 1080 Revised April 1982 Department of the Treasury 1 TFRM 2-2500 1080-109	VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS	VOUCHER NO. <hr/> SCHEDULE NO.				
Department, establishment, bureau, or office receiving funds Department, establishment, bureau, or office charged Director (CM) National Pollution Funds Center Case Management Division 4200 Wilson Blvd., Suite 1000 Arlington, VA 22203-1804		BILL NO. <hr/> PAID BY				
ORDER	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	DOLLARS AND CENTS
				TOTAL		
Remittance in payment hereof should be sent to –						
ACCOUNTING CLASSIFICATION C <i>Office Receiving Funds</i>						
CERTIFICATE OF OFFICE CHARGED I certify that the above articles were received and accepted or the services performed as stated and should be charged to the appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.						
officer)	_____ (Date)		_____ (Authorized administrative or certifying			
			_____ (Title)			
ACCOUNTING CLASSIFICATION C <i>Office Charged</i>						
Paid by Check No.						

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PREVIOUS EDITIONS ARE USABLE

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STANDARD FORM 1081 Revised September 1982 Department of the Treasury ITFRM 2-2500	VOUCHER AND SCHEDULE OF WITHDRAWAL AND CREDITS			
CHARGE AND CREDIT WILL BE REPORTED ON CUSTOMER AGENCY STATEMENT OF TRANSACTION FOR ACCOUNTING PERIOD ENDING			Transaction Date	Document No.
CUSTOMER AGENCY		BILLING AGENCY		
Agency Location Code (ALC)	Customer Agency Voucher No.	Agency Location Code (ALC)	Billing Agency Voucher No.	
DEPARTMENT BUREAU ADDRESS		DEPARTMENT BUREAU ADDRESS		
SUMMARY		SUMMARY		
APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT	APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT	
(MUST AGREE WITH BILLING AGENCY) TOTAL		(MUST AGREE WITH BILLING AGENCY) TOTAL		
Details of charges or reference to attached supporting documents				
BILLING AGENCY CONTACT: PREPARED BY APPROVED BY TELEPHONE NO.				
CERTIFICATION OF CUSTOMER OFFICE				
I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated.				
(Date)		(Authorized administrative or certifying officer)		
(Telephone)				